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24504 7890 12/29/2005
THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP
100 GALLERIA PARKWAY, NW
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ATLANTA, GA 30339-5948

02/01/2006 TL0222 00000008 10632032

01 FC:1501 1400.00 OP
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Marianne Boland 8300

(Depositor's name)

Marianne Boland

(Signature)

01-31-06

(Date)

APPLICATION NO.	03 FC:1501 10/632,032	FLYING DATE 07/31/2003	FIRST NAMED INVENTOR Tirdad Sowlati	ATTORNEY DOCKET NO. 051933-1090	CONFIRMATION NO. 9657
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TITLE OF INVENTION: VARIABLE GAIN AMPLIFIER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHINGLETON, MICHAEL B	2817	330-253000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas, Kayden,
2 Horstemeyer &
3 Risley, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Skyworks Solutions, Inc.

Irvine, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
 Publication Fee (No small entity discount permitted)
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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0778 (enclose an extra copy of this form). **(Deficiencies only)**

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 1-31-06

Typed or printed name

David Rodack

Registration No. 47,034

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